

**Missouri Small Business Regulatory Fairness Board (SBRFB)**

**Attn: Sherry I. Anderson**

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**SMALL BUSINESS PUBLIC TESTIMONY REGISTRATION FORM:**

1. Complete this form.
2. Provide a brief written statement under the *Testimony* section regarding the content of your testimony.
3. Fax, e-mail or send this form and requested information to: (1) Fax: (573) 751-7384; (2) E-mail: SBRFB@ded.mo.gov; (3) Address: SBRFB, Attn: Sherry Anderson, PO Box 118, Jefferson City, MO 65102.

**Business Name:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_

**Business Contact Person/Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **MO Zip:** \_\_\_\_\_

**Phone: (\_\_\_\_\_) \_\_\_\_\_ Number of Employees:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Are you a Small Business Owner?** ☐ YES ☐ NO

**Are you Speaking on Behalf of:**

☐ **My Own Business**

☐ **Membership Organization(s)**

**List Organization(s) if Different from Information Provided Above:**

\_\_\_\_\_  
**TESTIMONY:** (Please provide some detail on the content of your testimony: the state rule or regulation, how it impacts your business, and any suggested action that could be taken to mitigate the rule/regulation's impact on Missouri small businesses.)